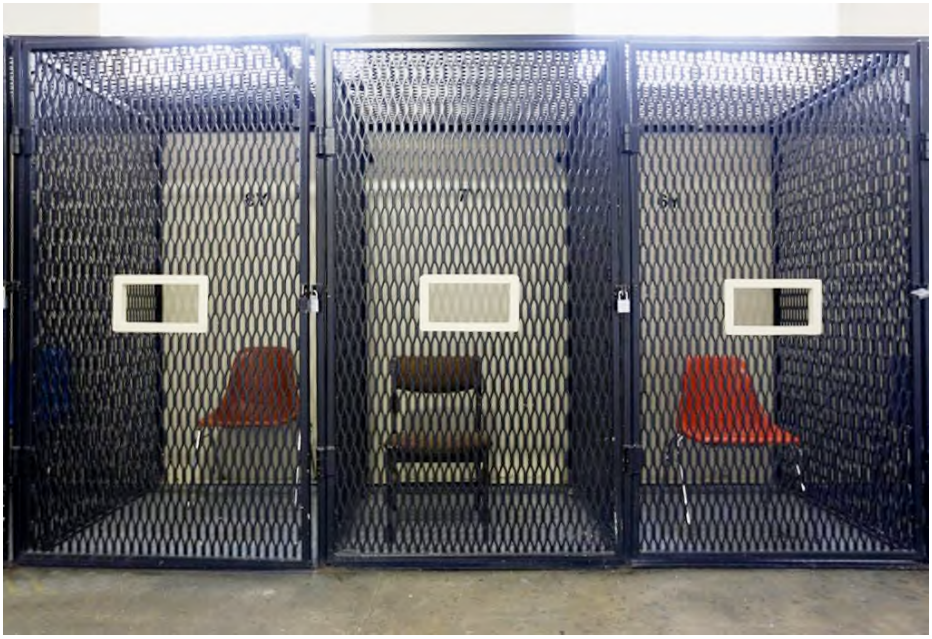
The Quiet Imposition of World Tyranny in 2024

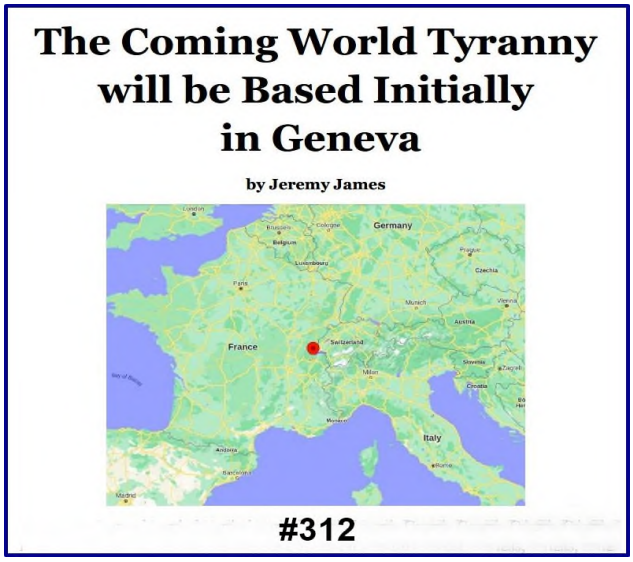
By Jeremy James



The prince of this world was given this title by our Savior because, until Christ returns as King of kings and Lord of lords, this fallen angel will continue to exercise supernatural dominion over all mankind – with the exception of those who have found salvation in Christ.

Christ Jesus has freed all born-again believers from the controlling power of Satan. The Enemy no longer has dominion over them. However, in their sin-damaged condition, they are still vulnerable to the Enemy's incredible powers of deception. Vigilant believers know how important it is to live in obedience to the injunction given in 1 Thessalonians 5:6 – **"Therefore let us not sleep, as do others; but let us watch and be sober."**

Watchful and sober Christians will have realized, both through their study of God's Word and through their observation of world affairs, that the prince of this world is working relentlessly toward the creation of a world government. We have discussed at length in previous papers the various steps that have been taken to date to bring this about. We warned in particular in May, 2022, of the role that the World Health Organization (WHO) would play in this nefarious scheme – see our paper #312. The architects behind the coming new world order are planning to use international health interventions to impose control over sovereign nations.



The strategy is extremely simple but has required decades of careful planning to bring to maturity. It can be summarized as follows:

> Neither political pressure nor major wars will persuade independent nations to surrender their sovereignty to a world government. Both of these methods were pushed to the limit in the 20th century but fell short of their goal. The 'Elite', the cabal of Luciferian billionaires who want to impose a world government, are planning instead to present the nations – simultaneously – with a threat to their prosperity and standard of living which is so great (allegedly) that no nation, acting alone, could successfully address it. Since no threat of this nature actually exists, they have decided, through the use of propaganda, to convince the public that such threats do, indeed, exist. They include manmade global warming, an alien invasion from outer space, an asteroid impact, and an airborne contagious disease with a high mortality rate. This fourth threat, the pandemic option, has already been tried. The Covid hoax was so successful that the Elite are using the alleged risk of future pandemics to 'convince' all nations that a global Pandemic Treaty is warranted. This would create a world body – an international health agency – with the power to announce, at its sole discretion, emergency pandemic-prevention measures which all countries would be obliged to implement immediately and in full. The measures could include lockdowns of unspecified duration, obligatory quarantines, compulsory compliance with medical protocols – notably the mandated vaccine regime – and digital 'passports' to monitor compliance and limit mobility.

We put the word 'convince' in quotation marks because the nations of the world will not need to be convinced. Why? Because their leaders have already signed up to the plan.

When did that happen, you may ask? In Rio de Janeiro in 1992. The agreement signed there by over 180 world leaders – known as *Agenda 21* – was a formal commitment by the countries concerned, including Russia and China, to implement a comprehensive Communist plan to take complete control of the world's resources. The word "resources" in this context includes mankind itself. Since every human is a consumer of the world's resources, everyone must be made to consume them in a "sustainable" way. These "sustainability" rules can then be used to regulate and control social behavior to a remarkable degree.

Disguised beneath a glaze of bureaucratic language, *Agenda 21* sets out a detailed blueprint to make all human activity subject to a mandatory set of rules and regulations by the year 2021. The target date for full implementation was later extended to 2030.

These regulations will be enforced by a central agency (or group of agencies) whose power will supersede that of all participating nations. Though not identified as such, this agency will have the authority and power of a world government.

Our governments are already committed in principle

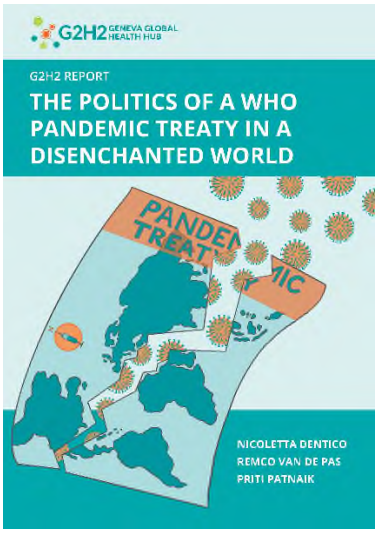
So, while national leaders pretend to deliberate on whether or not to support the proposed Pandemic Treaty, they have already agreed in principle to do so. Our governments are merely puppets appointed by the powerful financial oligarchy which already runs the world from behind the scenes.

Most people have not yet realized that their respective governments are not representative of those who elected them. This system of phony democracy is designed to ensure maximum credulity among the electorate. Most voters assume that their respective governments are working "for us" and cannot therefore be working for anyone else. But they are. To use a marital analogy, the leaders are cheating on their spouses.

Over the past seventy years or so, since World War II, senior government leaders have been making long-term strategic decisions whose implications were never disclosed. The agreements signed by all world leaders at Rio in 1992 is a stunning example of this. More than thirty years ago all of these countries agreed to hand the sovereignty of their respective nations to a ruling international council. Their political leaders knew the process itself would take at least thirty years to complete and would require the careful implementation of the program set out in *Agenda 21*. Once the grand plan had been set in motion, the task of steering it through its various stages would fall to their successors.

It sounds like treason

This sounds like treason, doesn't it? Well, that's exactly what it is, but the people behind this plan have convinced themselves that the world can no longer be managed along traditional lines. They believe they possess a deeper insight into how it ought to be run and drew up a plan, *Agenda 21*, to impose a superior 'management system', a new world order. They want to vastly reduce the population of the earth, eliminate nation states, and institute strict controls over all human behavior. They plan to use the painful transitional stage to teach the masses that the old order was fatally flawed and that the new system was both inevitable and desirable.

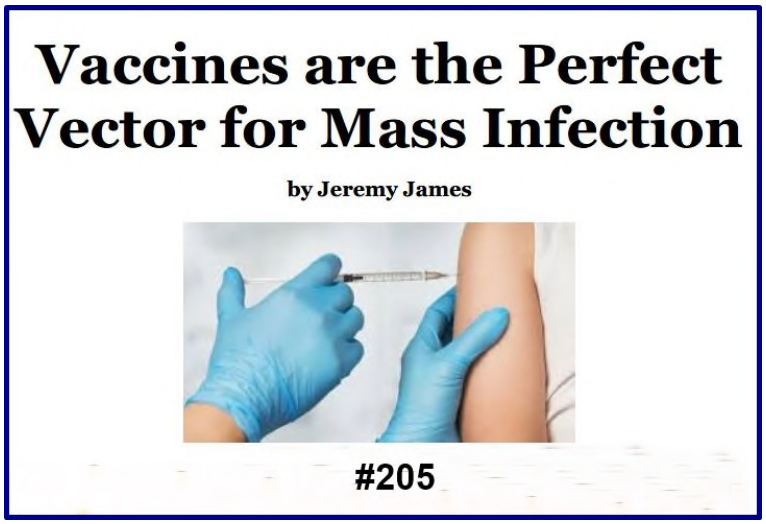


The Pandemic Treaty was envisaged decades ago by the people who set up the UN and the World Health Organization. They knew the planned reduction in the human population would require mass sterilization, if not the fatal contamination of the human immune system. Vaccines have taken the place of the Maxim gun. The latter can cut down thousands, but a properly planned inoculation program could, with the right combination of toxins, wipe out tens of millions of people. The huge mortality rate could be blamed on a new, highly contagious disease, with top medical professionals and men of impeccable reputation lending credibility to this pseudo-scientific account. Those who were not eliminated in the first wave of vaccine-induced deaths could be cajoled into taking yet another vaccine in order the combat the alleged new disease. Many would even plead with the authorities to fast-track the production of the new vaccine and would compel all members of their family to take it.

Understanding the dark heart of the 'ruling elite'

Unless one understands the class of wickedness that inflames the hearts of the "ruling elite" much of this will seem preposterous. God in His mercy has enabled us, via the Internet, to track down a great deal of hard information, hitherto unobtainable, which shows beyond all doubt that the ultra-rich families which run the world from behind the scenes are deeply involved in activities too vile to describe. These include pedophilia, sex trafficking, extreme pornography, sodomy, drug distribution, death squads, abductions, assassinations, torture training, human sacrifice, and revolting occult rites and rituals. Their depravity is masked by a persuasive imitation of normality, mind control, and careful training from childhood.

These people worship darkness in order to gain power and wealth, and have done so for generations. Satan rewards their craven submission to his will by giving them control over the most lucrative activities and social positions. The entertainment industry is notorious for its secret appeasement of Satan in return for better roles and worldly success. We have written many papers about Satanism in Hollywood and elsewhere and the infamous "deals" that people in all walks of life have made with Satan in order to secure material rewards.



The pharmaceutical companies are owned by Satanists. This industry provides incredible opportunities to harm society while raking in enormous profits. The Bible warns in the strongest terms of the harm inflicted on mankind, especially in the End Time, via *pharmakeia,* which is usually translated as 'sorcery'. This includes alchemy, the use of potions and insidious concoctions to influence the mind and behavior of a chosen victim without their knowledge. Our supermarkets and drug stores have many such products, but the most dangerous of all are those which enter directly into our bloodstream. This is what makes the vaccine needle such a deadly weapon.

The Covid 'pandemic' was a hoax designed to get as many people as possible to willingly receive – directly into their bloodstream – several doses of an alchemical cocktail. Even if it entered a muscle group initially, it would gradually leach into the surrounding tissue and find its way into their blood vessels. From there it would travel to every organ in the body.

Naïve medical professionals are slowly waking up

It is gradually dawning on many hitherto naïve professionals in the medical field that these vaccines are harmful. Just how harmful has yet to be determined, but medical and actuarial statisticians have estimated that 17 million excess deaths have been caused to date by the so-called Covid 'vaccines'. Some believe the total could be as high as 23 million. Their figures take no account of the millions of instances where injuries were caused by the inoculation, some of which can be expected to result in a lifetime of suffering or premature death.

A team of medical doctors in Japan, led by Professor Masanori Fukushima of Kyoto University, gave a press conference recently in which they described the huge range of side effects – over 200 – caused by the Covid vaccine and the large number of persons, young and old, who have suffered severe harm as a result. They were outraged by what Professor Fukushima has called an "unprecedented disaster" and by the continued use of these so-called vaccines despite overwhelming evidence that they are causing real harm.

Professor Y Murakami speaking at the press conference on 11 January 2024 convened by the Japanese General Incorporated Association Vaccine Issues Study Group

https://www.aussie17.com/p/japan-vaccine-study-groups-press?utm_campaign=1032096&utm_source=cross-post&r=18twbi&utm_medium=email

The cabal behind *Agenda 21* are exercising an iron grip over the world's media, making sure that the evidence-based views of Professor Fukushima and others like him are not allowed to reach the public.

Even if one has difficulty digesting the magnitude of the malice behind all of this, it ought to be plain to the average person that the conferral of special powers, with mandatory legislative effect, on the World Health Organization would be an appalling mistake.

Professor M Fukushima speaking at the press conference on 11 January 2024 convened by the Japanese General Incorporated Association Vaccine Issues Study Group

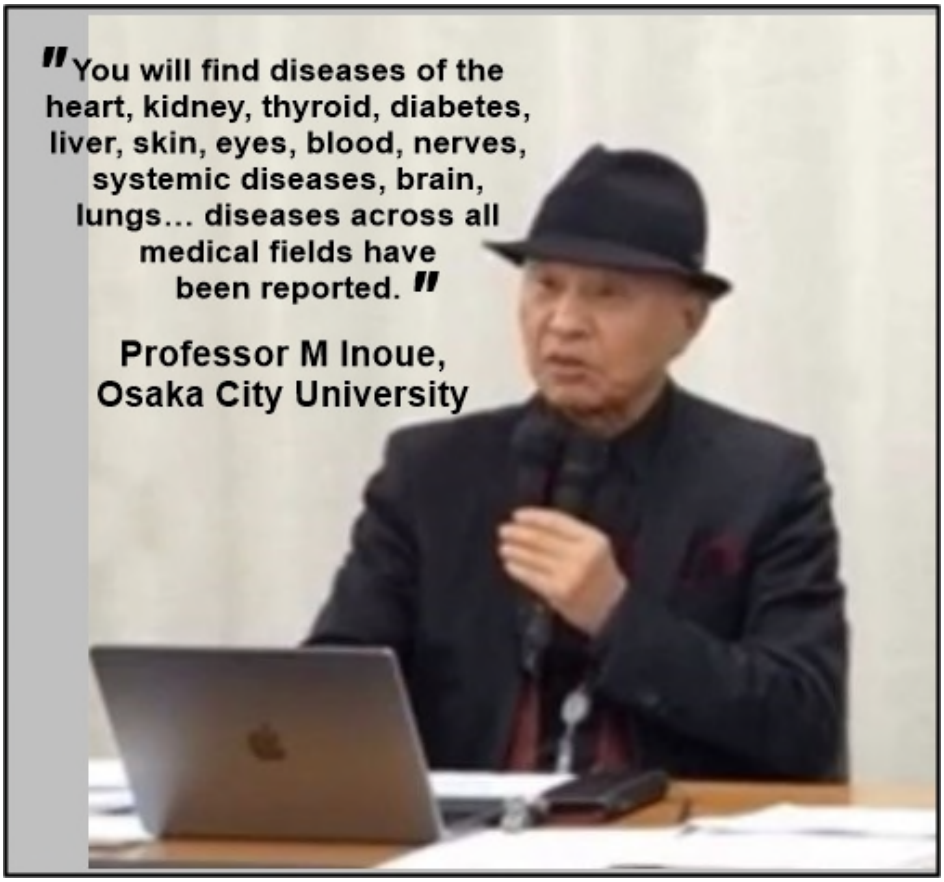
https://www.aussie17.com/p/japan-vaccine-study-groups-press?utm_campaign=1032096&utm_source=cross-post&r=18twbi&utm_medium=email

Step back and consider for a moment the role that the WHO played during the 'Covid' scare. It already possessed a degree of influence which ought to have raised serious concern within the international medical community. It was legally empowered to make recommendations as to how a pandemic ought to be handled by sovereign states, to assert that its pronouncements were based on the best scientific knowledge and utilised the best available data, to prescribe certain methods of treatment only and to proscribe others, to prescribe 'approved' testing methods and procedures, and to recommend social restrictions and containment protocols which went as far as imposing 'lockdowns'.

Given that no individual nation could claim to have had better information, superior expert advice, or more up-to-date and comprehensive data on the characteristics and impact of the alleged disease, there was already a strong presumption that member states, who were already committed to giving priority consideration to advice issued by the WHO, would do whatever the WHO recommended.

If this was the case, and the WHO already exercised a degree of influence far above its professional competence, there could hardly be any justification, from a general health perspective, for giving it even greater powers by introducing a Pandemic Treaty.

"Woe to them that devise iniquity, and work evil upon their beds! when the morning is light, they practise it, because it is in the power of their hand." – Micah 2:1



Professor M Inoue speaking at the press conference on 11 January 2024 convened by the Japanese General Incorporated Association Vaccine Issues Study Group

https://www.aussie17.com/p/japan-vaccine-study-groups-press?utm_campaign=1032096&utm_source=cross-post&r=18twbi&utm_medium=email

Link to current draft of the WHO Pandemic Treaty:

https://healthpolicy-watch.news/wp-content/uploads/2023/10/advance-DRAFT_Negotiating-Text_INB-Bureau_16-Oct-2023.pdf

So, if it is not related to good medical practise, what exactly is the proposed Pandemic Treaty designed to achieve? The answer is increased centralized control. At present, in theory, a country could ignore the advice given by the WHO, but a binding Treaty could make its advice mandatory. Nations would be legally obliged to do whatever the WHO directed and could incur penalties (as yet unspecified) if it failed to do so. Furthermore, the range of pandemic-related recommendations could extend beyond those promulgated in 2020. In particular, they could include a formal ban on any treatment other than the vaccine approved by the WHO, a legal requirement on all citizens to take the vaccine or, should they refuse to do so, to be relocated to a "temporary housing facility" (better known in former times as a concentration camp), and a national scheme of vaccine registration based on a digital ID and passport.

An Illuminati insider revealed the plan in 1981

“The idiots… will go to the slaughterhouse on their own”

Jacques Attali is a French economic and social theorist and writer who served as a political advisor to President François Mitterrand from 1981 to 1991 and was the first head of the European Bank for Reconstruction and Development from 1991 to 1993. Here is an excerpt from an interview which he gave to Michel Salomon in 1981 while Attali was an advisor to Mitterand. It was part of an interview series by Salomon called *L'avenir de la vie* (The Future of Life):

“In the future, it will be a question of finding a way to reduce the population. We will start with the old… euthanasia will have to be an essential instrument of our future societies, in all cases….We will get rid of them by making them believe it is for their own good… it is also much better for the human-machine to come to an abrupt halt rather than gradually deteriorating ….We will find something or cause it, a pandemic that targets certain people… a virus that will affect the old or the fat, it doesn’t matter, the weak will succumb to it, the fearful and the stupid will believe it and ask to be treated. We will have taken care to have planned the treatment, a treatment that will be the solution. The selection of idiots will thus be done on its own: they will go to the slaughterhouse on their own.”

Since the World Economic Forum and similar totalitarian forums – private organizations which presume to have the power to instruct and direct sovereign nations – have been strongly advocating the introduction of vaccine IDs, not to mention "temporary housing" (which was actually employed in some countries during the Covid hoax), there can be little doubt that the proposed Pandemic Treaty will facilitate the introduction of these and related measures.

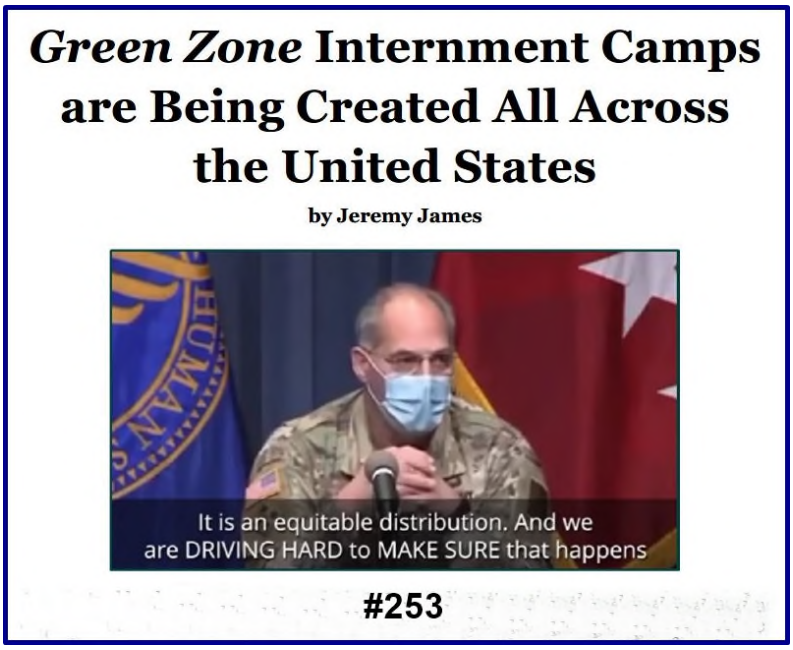
A new kind of weapon

Seen in this light, the proposed Pandemic Treaty is a new kind of weapon. It will literally be capable of mandating procedures that could kill, maim or incarcerate tens of millions of people.

Please reflect carefully on this claim and ask yourself if it could possibly be an exaggeration. Let's imagine for a moment that it might be. To prove this we would need to show that the powers envisaged under the Treaty could not possibly be used for this purpose. But the actions by the WHO under the Covid hoax, as well as the views expressed by the WEF and similar forums, show that the legal enforcement of such measures is considered desirable under certain 'exceptional' circumstances.

We also know that the proponents of the Treaty have long been sympathetic toward the actions taken by the WHO in 2020 and are, in most cases, members of committees and forums that are making similar recommendations. Therefore we must conclude that the Treaty will definitely be used for these purposes, regardless of claims to the contrary.

We can even cite an official document, published by none other than the CDC itself, which proves – in jaw-dropping style – that this is EXACTLY what the Pandemic Treaty is designed to do!



CDC 'Green Zone' document of 26 July 2020

https://www.cdc.gov/coronavirus/2019-ncov/global-covid-19/shielding-approach-humanitarian.html

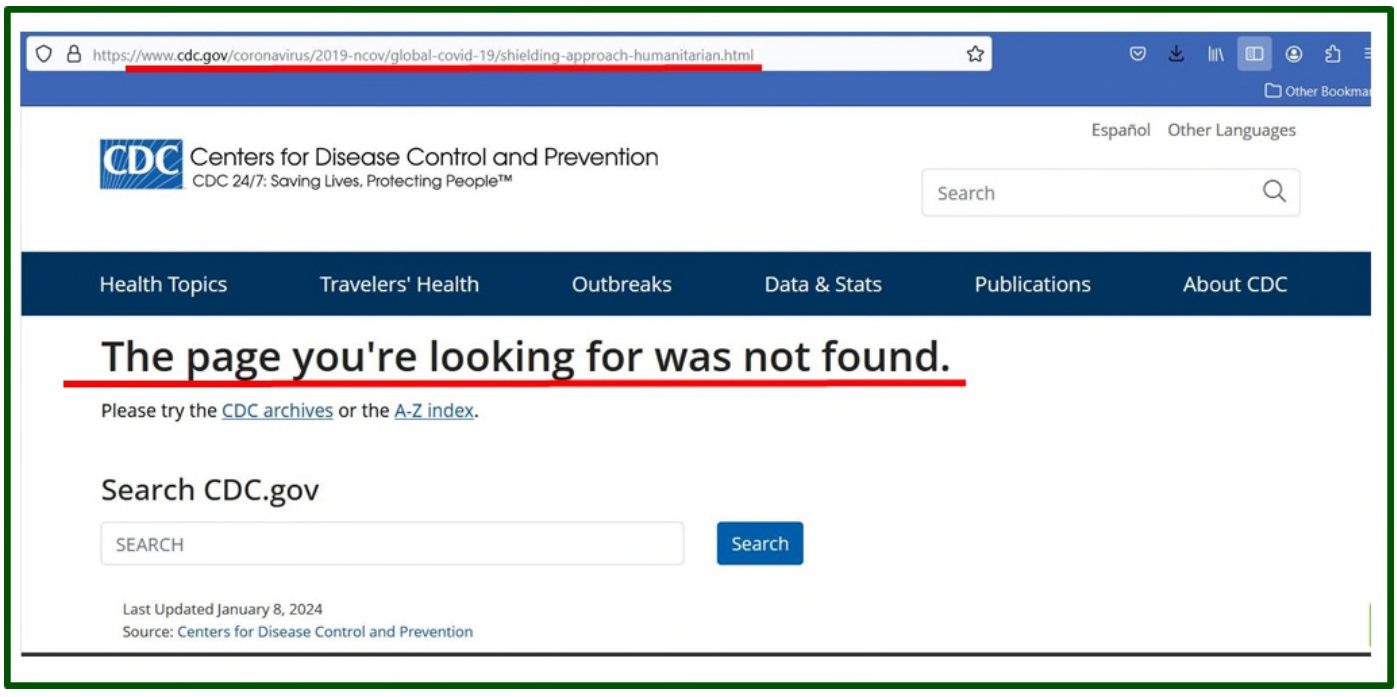
[Start of CDC document]

Interim Operational Considerations for Implementing the Shielding Approach to Prevent COVID-19 Infections in Humanitarian Settings

Updated July 26, 2020

ABOVE: Screenshot from our Paper #253, page 17, giving the link to the article on the CDC website to 'Shielding' and Green Zones.

BELOW: The screenshot below shows that the CDC article in question is no longer available. Searches on the CDC website, using terms such as 'shielding' or 'green zones', do not retrieve the article. [Please note that we have added the CDC article as Appendix A to this paper.]



The *Green Zones* are concentration camps

The document in question is called **Interim Operational Considerations for Implementing the Shielding Approach to Prevent COVID-19 Infections in Humanitarian Settings** (dated 26 July 2020) - https://www.cdc.gov/coronavirus/2019-ncov/global-covid-19/shielding-approach-humanitarian.html

Well, that *was* the link at the time it was published, but not anymore. The CDC appears to have withdrawn it from public scrutiny. It revealed too much. Fortunately, we kept a copy – the full text may be found in **Appendix A** attached. [The remainder of the commentary in this section is taken from our earlier paper on this subject, #253.]

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We will look at a few direct quotations from the document to show what the US government is planning to do to tens of thousands – if not millions – of loyal, patriotic Americans. We examine the quotations in the same sequence as they occur in the document.

> "This approach has never been documented and has raised questions and concerns among humanitarian partners who support response activities in these settings." - CDC

At the very outset they admit that what they are planning to do has "raised questions and concerns" among experienced professionals in the field of humanitarian relief. Why? Because it is illegal.

> "The shielding approach aims to reduce the number of severe COVID-19 cases by limiting contact between individuals at higher risk of developing severe disease ("high-risk") and the general population ("low-risk"). High-risk individuals would be temporarily relocated to safe or "green zones" established at the household, neighborhood, camp/sector or community level depending on the context and setting. They would have minimal contact with family members and other low-risk residents." - CDC

The shielding approach involves isolation at household or neighborhood level, but also at camps appointed for this purpose. These camps are misleadingly called "green zones" as though they were fun places to be. Actually, as we shall see in a moment, they will be ugly and distressing places, like existing refugee camps in Africa and Asia.

Who will end up in these camps? Anyone deemed "high-risk" by the government. This means the government alone, using tests and criteria of its own devising, will decide who gets hauled away for six months or more. Entire families could disappear.

> "the shielding approach suggests physically separating high-risk individuals from the general population" - CDC

The shielding approach does not simply "suggest" physical separation from the general population, but actively requires it! And it will be rigorously enforced. The phrase "strict adherence" is used three times in the document.

> "A group of shelters such as schools, community buildings within a camp/sector (max 50 high-risk individuals per single green zone) where high-risk individuals are physically isolated together." - CDC

Since each camp will hold no more than 50 internees, there will be no need to build dedicated isolation facilities. Existing schools and community buildings will serve just as well. As we noted in a previous paper, schools across America are already designed to meet high security standards, with tall wire fences, reinforced windows and doors, and restricted access.

Why will internees be sorted into groups of 50? Well, we know that the Enemy likes to mock the Word of God, so possibly this division of the "flock" is a blasphemous parody of **Luke 9:13-14 – "But he said unto them, Give ye them to eat. And they said, We have no more but five loaves and two fishes; except we should go and buy meat for all this people. For they were about five thousand men. And he said to his disciples, Make them sit down by fifties in a company."**

The more one explores the pattern of factual material relating to this highly organized Communist takeover of America, the harder it is to deny that the forces behind it are truly evil.

> "One entry point is used for exchange of food, supplies, etc. A meeting area is used for residents and visitors to interact while practicing physical distancing (2 meters). No movement into or outside the green zone." - CDC

And here is a key security detail – "one entry point."

The document refers only once to "visitors" – because there won't be any. The last sentence makes this fairly obvious: "No movement into or outside the green zone."

> "The shielding approach advises against any new facility construction to establish green zones" - CDC

The shielding approach is intended to be low key. New facilities would attract too much public attention. Where "green zones" are operational they will almost certainly display no outer sign of their purpose. The local community may not know that the nicely painted building off the main road is holding 50 people against their will, and that there a several others just like it within a five mile radius.

> "Currently, we do not know if prior infection confers immunity."
> - CDC

This statement is evidence that the "green zones" are internment camps in the true sense. The captors alone decide who leaves and who stays. No-one can get well because no-one is ill. Once the state decides you are "high-risk" – such as a Bible-believing Christian or an outspoken critic of the ruling regime – then you are fair game.

> "Dedicated staff need to be identified to monitor each green zone. Monitoring includes both adherence to protocols and potential adverse effects or outcomes due to isolation and stigma. It may be necessary to assign someone within the green zone, if feasible, to minimize movement in/out of green zones." - CDC

The coy wording of this provision conceals an iron fist beneath the velvet glove. For "dedicated staff" read armed guards. These will "minimize movement" in and out of the "green zones" – you can be sure.

> "Additionally, many camps and settlements host multiple nationalities which may require additional separation, for example, Kakuma Refugee Camp in Kenya accommodates refugees from 19 countries."
>
> "Plan for an extended duration of implementation time, at least 6 months."
>
> "The national capacity in many of the countries where these settings are located (e.g., Chad, Myanmar, and Syria) is limited."
>
> - CDC

Could it be stated any more plainly? These "green zones" are refugee camps for Americans who will be arbitrarily selected and locked away for at least six months by their own government.

> "Herd immunity (the depletion of susceptible people) for COVID-19 has not been demonstrated to date. It is also unclear if an infected person develops immunity and the duration of potential immunity is unknown. Thus, contingency plans to account for a possibly extended operational timeline are critical." - CDC

This provision underlines the fact that no-one will be able to leave. It also suggests – meaning it will definitely happen – that the expected minimum stay of six months will be greatly extended.

> "…this shielding approach may have an important psychological impact and may lead to significant emotional distress, exacerbate existing mental illness or contribute to anxiety, depression, helplessness, grief, substance abuse, or thoughts of suicide among those who are separated or have been left behind."
>
> "…there is no empirical evidence whether this approach will increase, decrease or have no effect on morbidity and mortality during the COVID-19 epidemic in various humanitarian settings." - CDC

The document seems to exult in the suffering that these policies will inflict. It's as though the authors could not resist the opportunity to mock their intended victims. The mockery continues in the second excerpt above where the CDC actually admits that they have no "empirical evidence" that this radical "shielding" approach will make any difference whatever!

The next two quotations move beyond mockery into deliberate taunting:

> "While the shielding approach is not meant to be coercive, it may appear forced or be misunderstood in humanitarian settings."
>
> "Most importantly, accidental introduction of the virus into a green zone may result in rapid transmission and increased morbidity and mortality as observed in assisted care facilities in the US." - CDC

This must have been written with a venomous sneer. The shielding approach is *blatantly coercive*. It will not be misunderstood. Everyone who is subjected to this tyrannical oppression will know exactly what they are being made to endure. They will know also that it has nothing whatever to do with their well-being.

The second quotation above is chilling. Whenever a document of this kind uses words like "accidental" we should to take it as a veiled reference to something that will definitely happen at some point. These camps will be used to eliminate 'undesirables', namely those whom the Communist controllers see as a potential threat to their authority. The list is long. The victims, of course, will die from a sudden outbreak of 'Covid' in this supposed place of 'safety'.

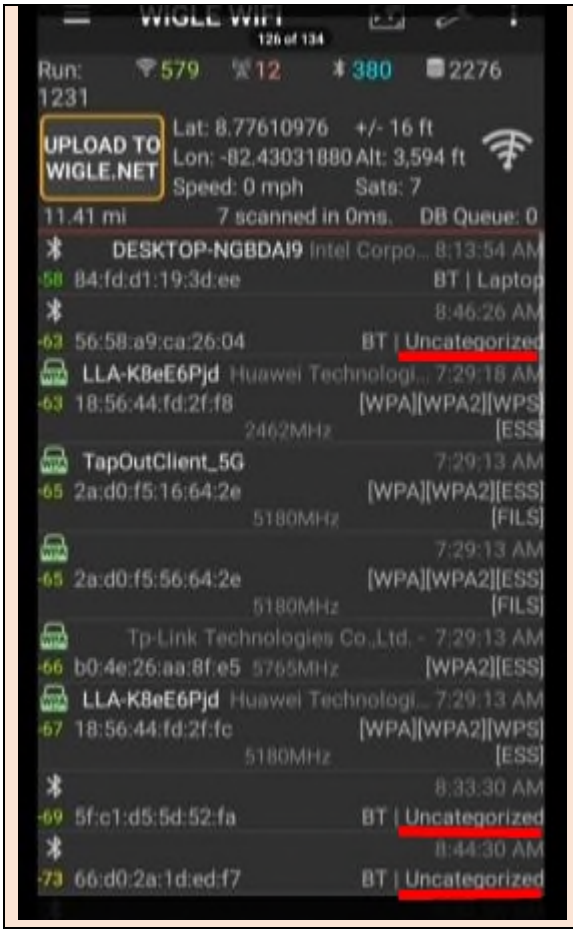
The *Green Zone* paper proves that the Treaty is a grave threat

Should we be surprised that the CDC has withdrawn this extraordinary document! It proves beyond all doubt that the Cabal crave the power that the Pandemic Treaty will give them. The world will end up with millions of "green zones" in which dissidents of every hue will be imprisoned and, in due course, liquidated. The existing international health regime, overseen by the WHO and based on voluntary compliance, is simply not powerful enough – in legal and political terms – to achieve this outcome.

The Treaty will also 'imprison' those who manage to avoid the "green zones" by requiring that they submit to the international inoculation protocol and carry digital 'health passports'. Tied continually to a digital ID they will be unable to do anything which does not leave a digital trail. Since the passport is certain to be connected to one's smartphone – by which one will access a digital currency bank account – every movement and transaction by an individual will be recorded. Everywhere you go will be monitored in real time, everyone you meet will be noted, conversations will be surveilled via the smartphone microphone, and every purchase of goods or services will leave a permanent record.

Kakuma Refugee Camp in Kenya, mentioned in the CDC paper.

All of this information, which could amount to terabytes of data per person per year, would be stored on a central computer and sifted continually by an AI-directed software suite. This will be supplemented by information collected through the worldwide Bluetooth Network which will feed a stream of physiological data on each individual into the same mega-database. This data will be collected by the nanoscale sensors injected into each person via the vaccine protocol. Already there is a mountain of evidence that anyone who received the 'Covid vaccine' is transmitting one or more MAC addresses on the Bluetooth wavelength (2.4 GHz). [MAC means "media access control"]



The WIGLE.WIFI app allows one to collect nearby MAC signals using an Android smartphone. Normally a MAC address is associated only with electronic devices. However, MAC signals have also been found to emanate from people, not devices. Some people appear to emit more than one MAC signal. The signals are detected via Bluetooth.

The MAC addresses underlined in red are listed as "uncategorized". This means the address exists but has not, as yet, been activated. When it is it will be assigned a name.

The average person can hardly imagine that the technology required to do all of this is already up and running. They have no idea how much data can be processed in real time by a super-computer, or the highly sophisticated types of analysis that the more advanced AI programs can carry out.

Everyone will be assigned a "social credit" score which is a measure of their compliance with the edicts and regulations issued by the government. This system has been operational in China for ten years or more, with over 600 million people being surveilled continually in real time. If a person's social credit score falls below a certain threshold, he will incur a penalty. Should his 'slide' continue he will be taken to a re-education camp.

Techniques that will be used to approve the Treaty

Now, given that the ruling elite are determined to introduce a Pandemic Treaty to facilitate the creation of their 'new world order', we might wonder how they intend to bypass or suppress opposition by groups that decide to resist what their government is planning to do. The tactics they have employed to date to pass subversive legislation have garnered impressive results and we should expect them to be used again on this occasion. They include:

1. Gaslighting: Pretending that the risks or threats do not exist and ignoring those who try to highlight them.
2. Propaganda: The issuance of a stream of political and expert opinion which welcomes the many supposed benefits that the Treaty would bring.
3. Fearmongering: Constant reference in the media to the possible consequences – such as a rampaging contagious disease – which could result from a failure to implement the Treaty and benefit from its protective provisions.
4. Slander: Questioning the integrity, competence or motives of those who take a stand against the Treaty.
5. Obfuscation: Describing the Treaty in terms which deflect attention from a proper understanding of what it could potentially be used for.
6. Misinformation: Exaggerating or misrepresenting facts or events with a view to distorting or inflating the success or failure of official policies.
7. Double-dealing: Passing legislation in a disguised form or in a manner designed to mislead the public.

Developments in the UK

Let's take a look at what has been happening in the UK. A sizeable number of people have expressed deep concern over the Treaty and have lobbied their MPs to seek assurances that UK sovereignty would not be superseded in any way, at any time, under the Treaty.

On 30 March 2021, the then Prime Minister Boris Johnson, alongside more than 20 world leaders and heads of international organisations, published a joint article in several international newspapers, calling for a more 'joined-up approach' to pandemics in the future. The article claimed the world would face more pandemics and major health emergencies in the future and that no state or multilateral agency could address these threats alone. They stressed that:

> "...we must be better prepared to predict, prevent, detect, assess and effectively respond to pandemics in a highly co-ordinated fashion. The Covid-19 pandemic has been a stark and painful reminder that nobody is safe until everyone is safe."

The leaders affirmed they were committed to "ensuring universal and equitable access to safe, efficacious and affordable vaccines, medicines and diagnostics for this and future pandemics." In their opinion the world needed capacity to develop, manufacture, and deploy vaccines quickly in response to such threats, as well as doing more to "promote global access" to vaccines.

Brazen propaganda

Notice that this brazen piece of propaganda was concerned mainly with vaccines. It was a giant advertisement for the pharmaceutical industry and the criminal cabal that control it. It may not have been apparent to some readers that the article called for mandatory vaccines. The phrase "nobody is safe until everyone is safe" is a coded way of saying that anyone who refuses the vaccine is posing a health threat to others and therefore "nobody is safe" until this obstinate holdout is forced to take the jab.

These so-called world leaders are trying to convince the public that another pandemic like 'Covid' is inevitable. As we shall see shortly, they are now going further and claiming that it will be many times worse than 'Covid'. They are also claiming that the only way to treat it is through the development of a new vaccine. Other options or treatment modalities are not even considered.

They went on to explain what they had in mind:

> "The main goal of this treaty would be to foster an all of government and all of society approach, strengthening national, regional and global capacities and resilience to future pandemics. This includes greatly enhancing international co-operation to improve, for example, alert systems, data-sharing, research and local, regional and global production and distribution of medical and public health counter-measures such as vaccines, medicines, diagnostics and personal protective equipment."

There is nothing in any of this that would justify the creation of an international Treaty. It is full of buzzwords with no clear meaning. Besides, professionals in this field are already employing the strategies identified in the article. And once again the focus is on vaccines, diagnostics and protective clothing. This is the Covid hoax all over again.

Covid ward nurses "dancing" during the so-called pandemic.

There were countless examples of this at a time when hospitals were supposed to be overrun with tragic cases.

Lies, all lies.

The UK government has continued to express support for the Treaty, even after it received a public petition in late 2022 in which 156,000 signatories called for a national referendum on the Treaty. The petition, which was concerned mainly with UK sovereignty, was debated in Parliament on 17 April 2023 by the Petitions Committee (but, seemingly, not on the floor of the House). Needless to say, the debate was mired in obfuscation, misinformation and gaslighting by many of the MPs present.

- official denial

The government representative, Ms Anne-Marie Trevelyan, Minister of State at the Foreign, Commonwealth and Development Office, was asked: "Can the Minister reassure my constituents who are concerned that the Government will concede sovereignty and hand power to WHO? Can she give reassurances that that will not happen?" In her reply she said:

> "Yes, absolutely I can. The speculation that somehow the instrument will undermine UK sovereignty and give WHO powers over national public health measures is simply not the case. I absolutely reassure [those concerned] ...The UK remains in control of any future domestic decisions about public health matters – such as domestic vaccination – that might be needed in any future pandemic that we may have to manage. Protecting those national sovereign rights is a distinct principle in the existing draft text. Other Members have also identified that as an important priority, so it is good to have the opportunity of this debate, brought about by those who have concerns, to restate that that is absolutely not under threat."

There is little comfort in a reassurance of this kind, where the core issues are not addressed and where no evidence is provided to show that sovereignty could not be conceded at some point. Reference to a draft text is meaningless if that text could be changed at the last minute. In fact, one member of the ruling government party actually said:

> "I am puzzled by this debate... We cede sovereignty through membership of organizations. We cede the sovereignty to go to war by being a member of NATO. It is a member-led process which, as I understand it, is to ensure that we are at the heart of preventing, better preparing for and designing how we respond to, future disease outbreaks. To me, that seems perfectly logical."

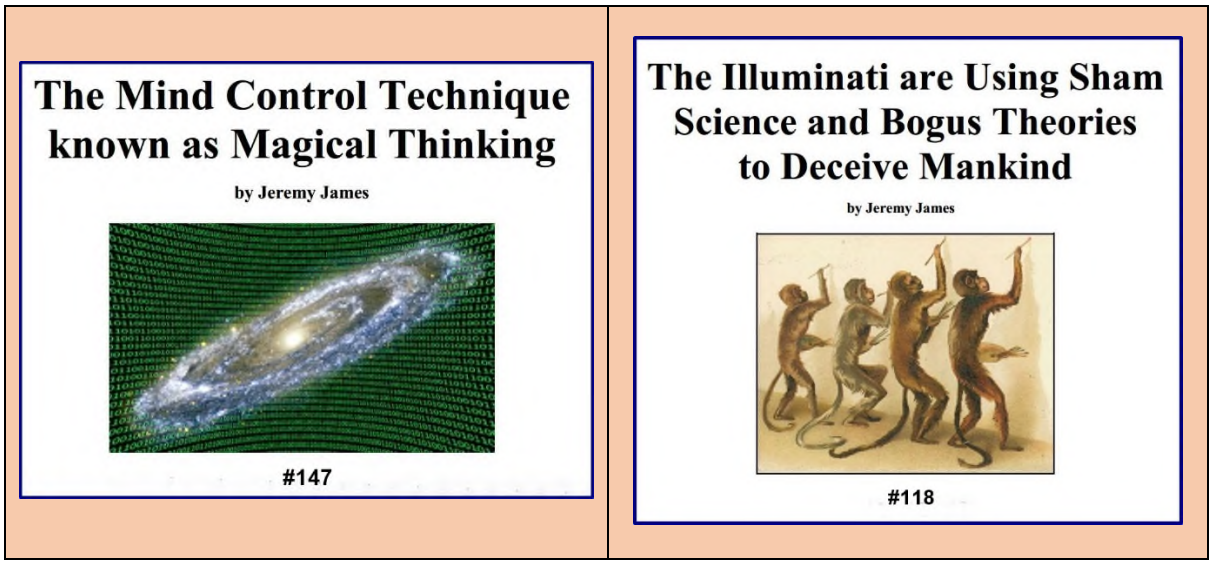
Ah yes, he said the naughty bit out loud.

Disease X

Finally we come to the trigger event that will set this catastrophe in motion – the 'global pandemic' which the WEF and 'top experts' claim is about to strike with terrifying effect. They are calling it 'Disease X.'

This term was first used by the WHO in February 2018 (before the Covid 'pandemic') to designate the next disease of pandemic proportions. It is thus an hypothetical entity until it actually appears on the world stage, at which point, apparently, it will be given a new name. After the WHO introduced the term, the pathogen called 'Disease X' has increasingly been portrayed by the 'experts' as a disease that *already* exists but which has not yet begun to proliferate among the human population and cause a high rate of mortality.

This is a good example of a psychological ploy that the Cabal often uses to condition the public to believe that something which is purely imaginary ('theoretical') could suddenly become a reality. As we have shown in past papers, both the entertainment industry and the educational system have conditioned the masses to believe that *science fiction* can quickly become *science fact*. Few ever bother to ask for tangible evidence to support these fanciful claims. Fewer still seek information about the causal factors that allegedly enabled these amazing leaps from fiction into fact to occur.

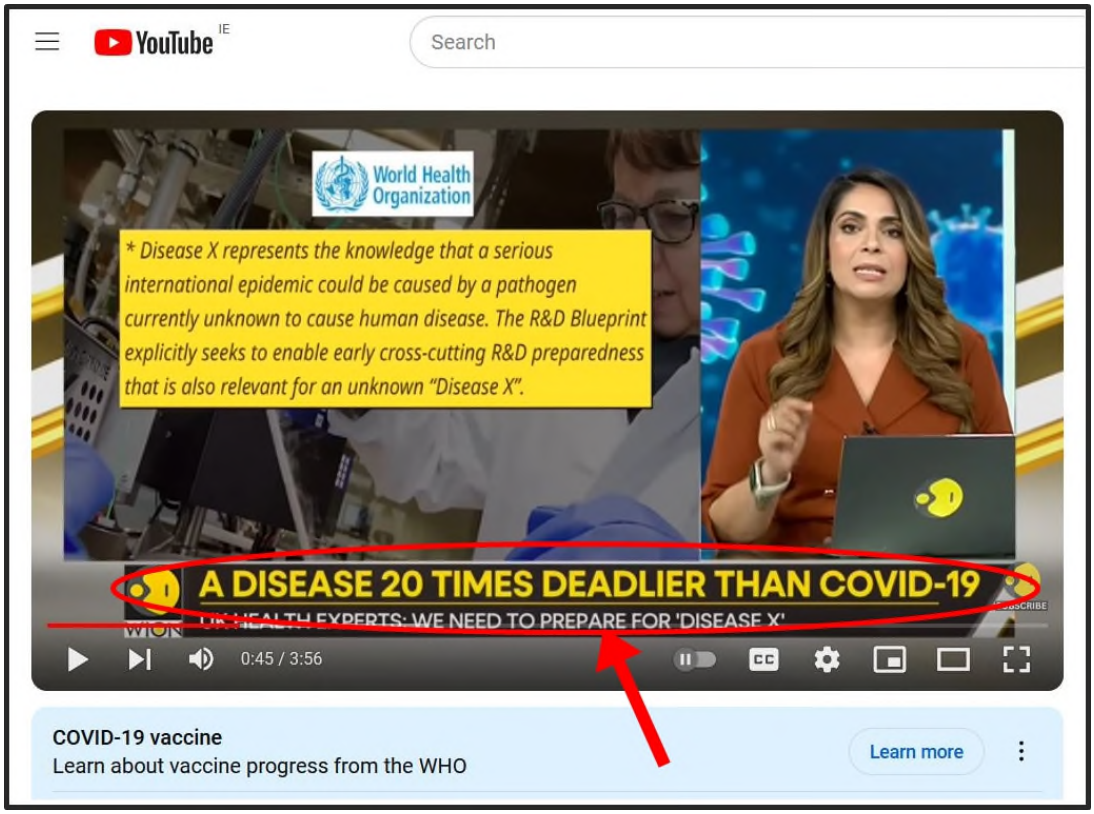


The modern world lives on a steady diet of sound-bites and video clips, story-lines and fantasy, where causality is irrelevant or simply forgotten. With minds conditioned to 'think' in this way, with little or no ability to critically analyze a proposition or an assertion, fictitious entities like 'Disease X' can begin to seem plausible: *Maybe we ought to be concerned? Can we afford to be complacent? Maybe the scientists were right all along. Let's hope they're doing the kind of research that will produce an effective vaccine to protect us.*

Mental programming gets results. And impending threats affect our behavior. If one combines the two – programming and fear – the results can be magnified dramatically. Whole populations will rush to receive a vaccine that has never been tested, even on animals. If we said this in 2019, many readers would not have believed us. The Covid hoax should shake us into a greater awareness of where this pandemic preparedness initiative is going. It is well known that, under the right circumstances, a huge proportion of the population is highly suggestible. All the Cabal need to do is create those circumstances.

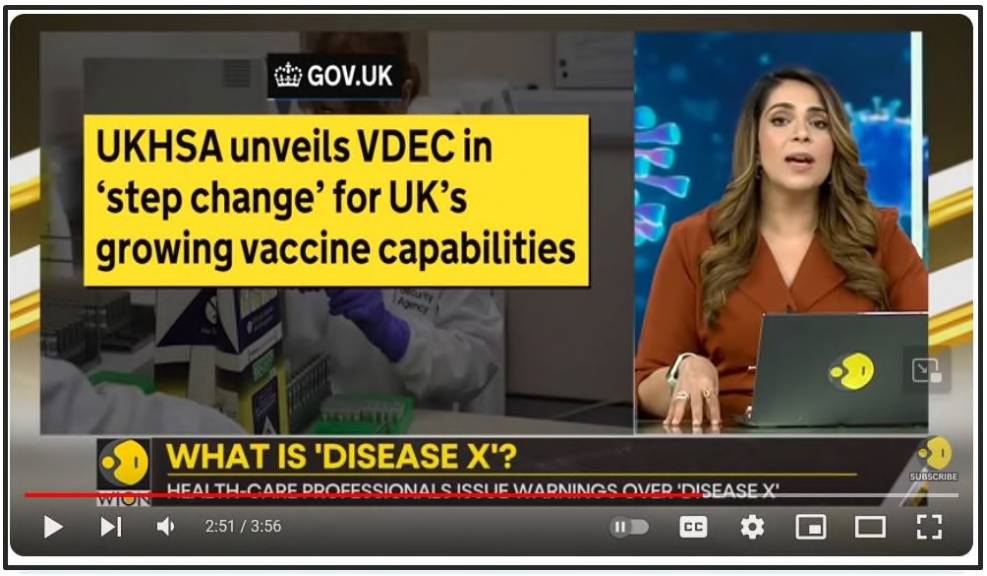
The constant repetition of fear-laden lies

Disease X is a key component in this mental manipulation. When it was first mooted, it had an expected mortality rate similar to 'Covid'. However in recent months the 'experts' have been saying that it will be ten or twenty times worse! Since there is no science to any of this, there is no factual support for these terrifying assertions. It is all shameless propaganda, fearmongering, and lies:



Source: https://www.youtube.com/watch?v=Km1X1Bo_qtI

The above was broadcast on the 'Gravitas' news channel in late 2023. It would appear to have been sponsored or endorsed by both the WHO and the UK medical authorities. Viewers were treated to a steady stream of inane pseudo-science during the broadcast which featured ominous quotations by the head of the WHO and the former Chair of the UK Vaccine Taskforce. It also announced the establishment of a new scientific center in the UK for the rapid development of a vaccine to counter Disease X:



Five months ago the BBC carried a news report about Disease X and the new UK vaccine facility which to date has accumulated 327,000 views:

It included an interview with Dame Jenny Harries, Chief Executive of the UK Health Security Agency:

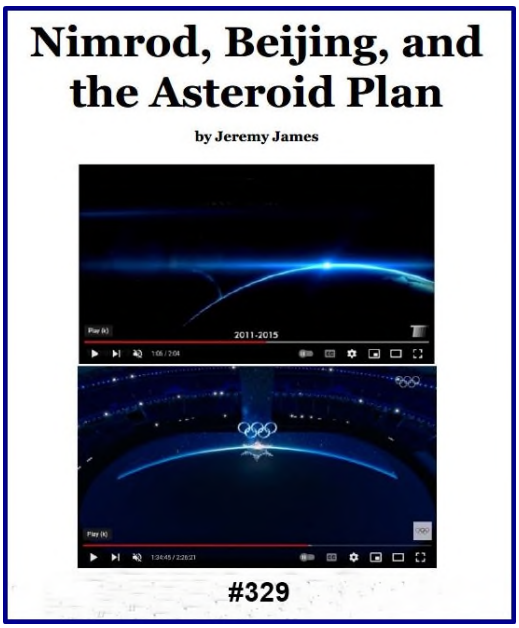
The choice of 'Disease X' as the name of this deadly pathogen

We need to remember that the Cabal are willing servants of Satan and often like to weave occult symbolism of some kind into their projects. These oblique references to Satan are believed to increase the supernatural momentum behind their projects. We have given many examples of this in previous papers. Take Google, for example, which is a vital component in their worldwide system of mind control. This peculiar word is supposed to be an alternative spelling of "googol", an absolutely massive number equal to 10 to the power of 100. But this is not very convincing. In reality, the syllables in Google are "goog" and "el", where the first represents Gog – another name for Nimrod – and the second is the ancient Middle Eastern word for god. Thus the name Google was chosen in honor of the coming god-man of the occult world, known to Christians as the Antichrist.

When Elon Musk took control of Twitter he changed its name to X. Many wondered why on earth he would (a) change the name of a successful company and (b) choose a fairly unattractive substitute. The answer may be found in a little-known historical fact which the author Eustace Mullins described as follows:

> "The legendary symbol for Nimrod is "X." The use of this symbol always denotes witchcraft. When "X" is used as a shortened form meaning Christmas, it actually means "to celebrate the feast of Nimrod." A double X, which has always meant to double-cross or betray, in its fundamental meaning indicates one's betrayal into the hands of Satan. When American corporations use the "X" in their logo, such as "Exxon," the historic Rockefeller firm of Standard Oil of New Jersey, there can be little doubt of this hidden meaning."
>
> - *The Curse of Canaan*, chapter one

Just like the founders of Google, Musk wanted to honor his god by changing the name of his company to X.



In an earlier paper (#329) we explored the worldwide promotion of this god through the famous ***X Factor*** television franchise. The introductory portion of every episode was a blazing celebration of X, while the three versions used over the lifetime of the show were a symbolic expression of Satan's End Time plan for mankind, namely (1) destruction, (2) chaos, and (3) rebirth. We know from the Book of Revelation that phases (1) and (2) will certainly come to pass but that the third phase will be made possible only through the return of Jesus Christ and his comprehensive victory over the Children of Wickedness.

Successful participants on the show were said to have the "X factor". To insiders this meant they had made a covenant with Satan and received the "X factor" in return.

In light of all this, it is probably no accident that the virulent pandemic pathogen which the WHO and others have been warning about has been called "Disease X."

CONCLUSION

Communism was created in the 1840s to bring about extensive social, economic and political change across Europe. As a revolutionary philosophy it claimed that violence and destruction could be used as a legitimate means of achieving desirable transformation for the common good. The Ruling Elite created this philosophy, via Marx, Hegel and others, to poison the minds of the masses and steer them towards the creation of a 'new world order'. Its agents have worked tirelessly under a cloak of anonymity to infiltrate western institutions and draw them gradually toward a communist worldview. The United Nations was set up in 1945 to promote the goals of communism in a disguised form and eat slowly into the sovereign autonomy of the nation state.

The World Health Organization is a branch of the UN which has grown significantly in power and influence since its foundation in 1948. It has now become a monster which, even in the absence of a Pandemic Treaty, is capable of inflicting great harm on humanity. The Covid hoax revealed just how dangerous it has become, issuing harmful, pseudo-scientific recommendations to every nation on earth and enabling governments – already in thrall to the New World Order – to oppress their citizens under the guise of enlightened healthcare management.

If approved and ratified, the proposed Pandemic Treaty will hand astonishing power to the WHO and its director. No person in the past five hundred years will have possessed coercive or mandatory powers on a comparable scale – or even come close. Over eight billion people could be directly affected by his edicts, which could include legal declarations confining hundreds of millions to their homes, shutting down entire industries, the break up of families, the isolation of millions of asymptomatic 'patients', the forced injection of uncooperative citizens, and other equally insane violations of our human rights.

It happened in 2020 and, with these new powers, it is CERTAIN to happen again. The Pandemic Treaty and Disease X are designed to impose a tyranny over humanity, to achieve within a very short time frame a degree of social and political control which would make it virtually impossible for dissidents to organize an effective response. The "green zones" will quickly fill with those who won't comply, which may prove to be less than one percent of the population. Shocked and dazed, the other 99 percent will do as they are told. Some will even call for the execution of those who won't comply.

We will not discuss in this paper how the Disease X pandemic might possibly be introduced, but whatever road the Cabal decide to follow, it will rely largely on the leverage provided by the proposed Pandemic Treaty. Even if the Treaty, when ratified, contains no explicit provision that would oblige nations to comply with the edicts issued by the WHO, it will operate in tandem with the International Health Regulations (IHR), which are also due to be amended in 2024. Since these regulations are already legally binding, any provision in the Treaty which interacts in practise with the IHR could be taken to have a mandatory effect. A certain amount of legal legerdemain might be required to support this interpretation, necessitating an intervention by the International Court of Justice or a similar body, but the world might suddenly find after all, when the Treaty has been ratified, that directives issued by the WHO during a pandemic are, in fact, legally binding on all nations and no sovereign exceptions are permissible.

Of course, the politicians will raise their hands in horror and claim that they never intended this to happen, but this is how these schemers operate.

At this point the totalitarian system of control long envisaged by the Neo-Marxists will spread over the entire earth.

***

Please share this paper as widely as you can. Very few online commentators appear to be dealing with this issue as thoroughly as we have in this paper. A great many people have absolutely no idea what their government is doing in their name or the impact that the proposed Pandemic Treaty – and its aftermath – will have on their lives.

***

"No weapon that is formed against thee shall prosper; and every tongue that shall rise against thee in judgment thou shalt condemn. This is the heritage of the servants of the LORD, and their righteousness is of me, saith the LORD."

– Isaiah 54:17

_____

Jeremy James
Ireland
January 22, 2024

- SPECIAL REQUEST –

Time is running out...

Regular readers are encouraged to download the papers on this website for safekeeping and future reference. They may not always be available.

For an easy way to download all papers (over 370), please email me.

We are rapidly moving into an era where material of this kind may be obtained only via email. Ireland is on the brink of introducing a draconian censorship law, the first of its kind in the 'free' world, which will shut down sites like this and could result in penalties such as confiscation of property, financial fines and imprisonment for up to five years.

Readers who wish to be included on a future mailing list are welcome to contact me at the following address:-

jeremypauljames@gmail.com

For further information visit www.zephaniah.eu

APPENDIX A

CDC 'Green Zone' document of 26 July 2020

https://www.cdc.gov/coronavirus/2019-ncov/global-covid-19/shielding-approach-humanitarian.html

[Start of CDC document]

Interim Operational Considerations for Implementing the Shielding Approach to Prevent COVID-19 Infections in Humanitarian Settings

Updated July 26, 2020

This document presents considerations from the perspective of the U.S. Centers for Disease Control & Prevention (CDC) for implementing the shielding approach in humanitarian settings as outlined in guidance documents focused on camps, displaced populations and low-resource settings.[1,2] This approach has never been documented and has raised questions and concerns among humanitarian partners who support response activities in these settings. The purpose of this document is to highlight potential implementation challenges of the shielding approach from CDC's perspective and guide thinking around implementation in the absence of empirical data. Considerations are based on current evidence known about the transmission and severity of coronavirus disease 2019 (COVID-19) and may need to be revised as more information becomes available. Please check the CDC website periodically for updates.

What is the Shielding Approach[1]?

The shielding approach aims to reduce the number of severe COVID-19 cases by limiting contact between individuals at higher risk of developing severe disease ("high-risk") and the general population ("low-risk"). High-risk individuals would be temporarily relocated to safe or "green zones" established at the household, neighborhood, camp/sector or community level depending on the context and setting.[1,2] They would have minimal contact with family members and other low-risk residents.

Current evidence indicates that older adults and people of any age who have serious underlying medical conditions are at higher risk for severe illness from COVID-19.[3] In most humanitarian settings, older population groups make up a small percentage of the total population.[4,5] For this reason, the shielding approach suggests physically separating high-risk individuals from the general population to prioritize the use of the limited available resources and avoid implementing long-term containment measures among the general population.

In theory, shielding may serve its objective to protect high-risk populations from disease and death. However, implementation of the approach necessitates strict adherence[1,6,7], to protocol. Inadvertent introduction of the virus into a green zone may result in rapid transmission among the most vulnerable populations the approach is trying to protect.

A summary of the shielding approach described by Favas is shown in Table 1. See *Guidance for the prevention of COVID-19 infections among high-risk individuals in low-resource, displaced and camp and camp-like settings* [1,2] for full details.

Table 1: Summary of the Shielding Approach[1]

Level	**Movement/ Interactions**
Household (HH) Level: A specific room/area designated for high-risk individuals who are physically isolated from other HH members.	Low-risk HH members should not enter the green zone. If entry is necessary, it should be done only by healthy individuals after washing hands and using face coverings. Interactions should be at a safe distance (approx. 2 meters). Minimum movement of high-risk individuals outside the green zone. Low-risk HH members continue to follow social distancing and hygiene practices outside the house.
Neighborhood Level: A designated shelter/group of shelters (max 5-10 households), within a small camp or area where high-risk members are grouped together. Neighbors "swap" households to accommodate high-risk individuals.	Same as above
Camp/Sector Level: A group of shelters such as schools, community buildings within a camp/sector (max 50 high-risk individuals per single green zone) where high-risk individuals are physically isolated together.	One entry point is used for exchange of food, supplies, etc. A meeting area is used for residents and visitors to interact while practicing physical distancing (2 meters). No movement into or outside the green zone.

Operational Considerations

The shielding approach requires several prerequisites for effective implementation. Several are addressed, including access to healthcare and provision of food. However, there are several prerequisites which require additional considerations. Table 2 presents the prerequisites or suggestions as stated in the shielding guidance document (column 1) and CDC presents additional questions and considerations alongside these prerequisites (column 2).

Table 2: Suggested Prerequisites per the shielding documents and CDC's Operational Considerations for Implementation

Suggested Prerequisites

As stated in the shielding document

Considerations as suggested by CDC

- Each green zone has a dedicated latrine/bathing facility for high-risk individuals.
- The shielding approach advises against any new facility construction to establish green zones; however, few settings will have existing shelters or communal facilities with designated latrines/bathing facilities to accommodate high-risk individuals. In these settings, most latrines used by HHs are located outside the home and often shared by multiple HHs.
- If dedicated facilities are available, ensure safety measures such as proper lighting, handwashing/hygiene infrastructure, maintenance and disinfection of latrines.
- Ensure facilities can accommodate high-risk individuals with disabilities, children and separate genders at the neighborhood/camp-level.
- To minimize external contact, each green zone should include able-bodied high-risk individuals capable of caring for residents who have disabilities or are less mobile. Otherwise, designate low-risk individuals for these tasks, preferably who have recovered from confirmed COVID-19 and are assumed to be immune.
- This may be difficult to sustain, especially if the caregivers are also high risk. As caregivers may often will be family members, ensure that this strategy is socially or culturally acceptable.
- Currently, we do not know if prior infection confers immunity.
- The green zone and living areas for high-risk residents should be aligned with minimum humanitarian (SPHERE) standards.[6]

- The shielding approach requires strict adherence to infection, prevention and control (IPC) measures. They require, uninterrupted availability of soap, water, hygiene/cleaning supplies, masks or cloth face coverings, etc. for all individuals in green zones. Thus, it is necessary to ensure minimum public health standards[6] are maintained and possibly supplemented to decrease the risk of other outbreaks outside of COVID-19. Attaining and maintaining minimum SPHERE[6] standards is difficult in these settings for the general population.[8,9,10] Users should consider that provision of services and supplies to high risk individuals could be at the expense of low-risk residents, putting them at increased risk for other outbreaks.
- Monitor and evaluate the implementation of the shielding approach.
- Monitoring protocols will need to be developed for each type of green zone.
- Dedicated staff need to be identified to monitor each green zone. Monitoring includes both adherence to protocols and potential adverse effects or outcomes due to isolation and stigma. It may be necessary to assign someone within the green zone, if feasible, to minimize movement in/out of green zones.
- Men and women, and individuals with tuberculosis (TB), severe immunodeficiencies, or dementia should be isolated separately.
- Multiple green zones would be needed to achieve this level of separation, each requiring additional inputs/resources. Further considerations include challenges of accommodating different ethnicities, socio-cultural groups, or religions within one setting.
- Community acceptance and involvement in the design and implementation.
- Even with community involvement, there may be a risk of stigmatization.[11,12] Isolation/separation from family members, loss of freedom and personal interactions may require additional psychosocial support structures/systems. See section on additional considerations below.
- High-risk minors should be accompanied into isolation by a single caregiver who will also be considered a green zone resident in terms of movements and contacts with those outside the green zone.
- Protection measures are critical to implementation. Ensure there is appropriate, adequate, and acceptable care of other minors or individuals with disabilities or mental health conditions who remain in the HH if separated from their primary caregiver.
- Green zone shelters should always be kept clean. Residents should be provided with the necessary cleaning products and materials to clean their living spaces.

- High-risk individuals will be responsible for cleaning and maintaining their own living space and facilities. This may not be feasible for persons with disabilities or decreased mobility.[11] Maintaining hygiene conditions in communal facilities is difficult during non-outbreak settings.[7,8,9] consequently it may be necessary to provide additional human resource support.
- Green zones should be more spacious in terms of shelter area per capita than the surrounding camp/sector, even at the cost of greater crowding of low-risk people.
- Ensure that targeting high-risk individuals does not negate mitigation measures among low-risk individuals (physical distancing in markets or water points, where feasible, etc.). Differences in space based on risk status may increase the potential risk of exposure among the rest of the low-risk residents and may be unacceptable or impracticable, considering space limitations and overcrowding in many settings.

Additional Considerations

The shielding approach outlines the general "logistics" of implementation –who, what, where, how. However, there may be additional logistical challenges to implementing these strategies as a result of unavailable commodities, transport restrictions, limited staff capacity and availability to meet the increased needs. The approach does not address the potential emotional, social/cultural, psychological impact for separated individuals nor for the households with separated members. Additional considerations to address these challenges are presented below.

Population characteristics and demographics

Consideration: The number of green zones required may be greater than anticipated, as they are based on the total number of high-risk individuals, disease categories, and the socio-demographics of the area and not just the proportion of elderly population.

Explanation: Older adults represent a small percentage of the population in many camps in humanitarian settings (approximately 3-5%[4,5]), however in some humanitarian settings more than one quarter of the population may fall under high risk categories[13,14,15] based on underlying medical conditions which may increase a person's risk for severe COVID-19 illness which include chronic kidney disease, obesity, serious heart conditions, sickle cell disease, and type 2 diabetes. Additionally, many camps and settlements host multiple nationalities which may require additional separation, for example, Kakuma Refugee Camp in Kenya accommodates refugees from 19 countries.[16]

Timeline considerations

Consideration: Plan for an extended duration of implementation time, at least 6 months.

Explanation: The shielding approach proposes that green zones be maintained until one of the following circumstances arises: (i) sufficient hospitalization capacity is established; (ii) effective vaccine or therapeutic options become widely available; or (iii) the COVID-19 epidemic affecting the population subsides.

Given the limited resources and healthcare available to populations in humanitarian settings prior to the pandemic, it is unlikely sufficient hospitalization capacity (beds, personal protective equipment, ventilators, and staff) will be achievable during widespread transmission. The national capacity in many of the countries where these settings are located (e.g., Chad, Myanmar, and Syria) is limited. Resources may become quickly overwhelmed during the peak of transmission and may not be accessible to the emergency affected populations.

Vaccine trials are underway, but with no definite timeline. Reaching the suppression phase where the epidemic subsides can take several months and cases may resurge in a second or even third wave. Herd immunity (the depletion of susceptible people) for COVID-19 has not been demonstrated to date. It is also unclear if an infected person develops immunity and the duration of potential immunity is unknown. Thus, contingency plans to account for a possibly extended operational timeline are critical.

Other logistical considerations

Consideration: Plan to identify additional resources and outline supply chain mechanisms to support green zones.

Explanation: The implementation and operation of green zones requires strong coordination among several sectors which may require substantial additional resources: supplies and staff to maintain these spaces – shelters, IPC, water, sanitation, and hygiene (WASH), non-food items (NFIs) (beds, linens, dishes/utensils, water containers), psychosocial support, monitors/supervisors, caretakers/ attendants, risk communication and community engagement, security, etc. Considering global reductions in commodity shortages,[17] movement restrictions, border closures, and decreased trucking and flights, it is important to outline what additional resources will be needed and how they will be procured.

Protection

Consideration: Ensure safe and protective environments for all individuals, including minors and individuals who require additional care whether they are in the green zone or remain in a household after the primary caregiver or income provider has moved to the green zone.

Explanation: Separating families and disrupting and deconstructing multi-generational households may have long-term negative consequences. Shielding strategies need to consider sociocultural gender norms in order to adequately assess and address risks to individuals, particularly women and girls. [18,19,20] Restrictive gender norms may be exacerbated by isolation strategies such as shielding. At the household level, isolating individuals and limiting their interaction, compounded with social and economic disruption has raised concerns of potential increased risk of partner violence. Households participating in house swaps or sector-wide cohorting are at particular risk for gender-based violence, harassment, abuse, and exploitation as remaining household members may not be decision-makers or responsible for households needs.[18,19,20]

Social/Cultural/Religious Practices

Consideration: Plan for potential disruption of social networks.

Explanation: Community celebrations (religious holidays), bereavement (funerals) and other rites of passage are cornerstones of many societies. Proactive planning ahead of time, including strong community engagement and risk communication is needed to better understand the issues and concerns of restricting individuals from participating in communal practices because they are being shielded. Failure to do so could lead to both interpersonal and communal violence.[21,22]

Mental Health

Consideration: Ensure mental health and psychosocial support[23] structures are in place to address increased stress and anxiety.

Explanation: Additional stress and worry are common during any epidemic and may be more pronounced with COVID-19 due to the novelty of the disease and increased fear of infection, increased childcare responsibilities due to school closures, and loss of livelihoods. Thus, in addition to the risk of stigmatization and feeling of isolation, this shielding approach may have an important psychological impact and may lead to significant emotional distress, exacerbate existing mental illness or contribute to anxiety, depression, helplessness, grief, substance abuse, or thoughts of suicide among those who are separated or have been left behind. Shielded individuals with concurrent severe mental health conditions should not be left alone. There must be a caregiver allocated to them to prevent further protection risks such as neglect and abuse.

Summary

The shielding approach is an ambitious undertaking, which may prove effective in preventing COVID-19 infection among high-risk populations if well managed. While the premise is based on mitigation strategies used in the United Kingdom,[24,25] there is no empirical evidence whether this approach will increase, decrease or have no effect on morbidity and mortality during the COVID-19 epidemic in various humanitarian settings. This document highlights a) risks and challenges of implementing this approach, b) need for additional resources in areas with limited or reduced capacity, c) indefinite timeline, and d) possible short-term and long-term adverse consequences.

Public health not only focuses on the eradication of disease but addresses the entire spectrum of health and wellbeing. Populations displaced, due to natural disasters or war and, conflict are already fragile and have experienced increased mental, physical and/or emotional trauma. While the shielding approach is not meant to be coercive, it may appear forced or be misunderstood in humanitarian settings. As with many community interventions meant to decrease COVID-19 morbidity and mortality, compliance and behavior change are the primary rate-limiting steps and may be driven by social and emotional factors. These changes are difficult in developed, stable settings; thus, they may be particularly challenging in humanitarian settings which bring their own set of multi-faceted challenges that need to be taken into account.

Household-level shielding seems to be the most feasible and dignified as it allows for the least disruption to family structure and lifestyle, critical components to maintaining compliance. However, it is most susceptible to the introduction of a virus due to necessary movement or interaction outside the green zone, less oversight, and often large household sizes. It may be less feasible in settings where family shelters are small and do not have multiple compartments. In humanitarian settings, small village, sector/block, or camp-level shielding may allow for greater adherence to proposed protocol, but at the expense of longer-term social impacts triggered by separation from friends and family, feelings of isolation, and stigmatization. Most importantly, accidental introduction of the virus into a green zone may result in rapid transmission and increased morbidity and mortality as observed in assisted care facilities in the US.[26]

The shielding approach is intended to alleviate stress on the healthcare system and circumvent the negative economic consequences of long-term containment measures and lockdowns by protecting the most vulnerable.[1,24,25] Implementation of this approach will involve careful planning, additional resources, strict adherence and strong multi-sector coordination, requiring agencies to consider the potential repercussion among populations that have collectively experienced physical and psychological trauma which makes them more vulnerable to adverse psychosocial consequences. In addition, thoughtful consideration of the potential benefit versus the social and financial cost of implementation will be needed in humanitarian settings.

*Specific psychosocial support guidance during COVID-19 as specific subject areas are beyond the scope of this document.

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